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46th World Congress on
NURSING CARE, NEUROLOGY
AND NEUROMUSCULAR DISEASES
October 22-23, 2018 | Madrid, Spain

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46th World Congress on
**Nursing Care, Neurology and
Neuromuscular Diseases**
October 22-23, 2018 Madrid, Spain

Keynote Forum

Day 1



46th World Congress on
NURSING CARE, NEUROLOGY AND NEUROMUSCULAR DISEASES
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Celina Afenir

Loma Linda University Children's Hospital, USA

Shared leadership: Creating a space for truth to empower, engage and strengthen relationships

Background: Based on employee rounding, the NICU leadership team identified the need of the NICU frontline staff members to be encouraged and empowered to make decisions on initiatives, changes, projects and performance improvements. There is a perception of inconsistent follow through from leadership team on issues, concerns, and suggestions regarding opportunities for improvement. As a result, historical employee engagement survey participation has been less than 50% and engagement results were below standards.

Purpose: The NICU Practice Council was developed to represent the unit-based aspect of the shared governance model in healthcare. The frontline staff members are empowered to identify barriers to clinical practice, improve processes and/or workflow by partnering with the leadership team to help remove identified barriers and facilitate resources. The NICU Practice Council has the responsibility and accountability to establishing and maintaining the standards of evidence-based practice which describe and guide the care provided. Process Improvement/Program Development: Restructuring of the existing unit-based council was initiated and implemented. NICU Practice Council was structured with sub-councils as follows: Clinical Practice, Operations and Safety, Patient and People Learning Board (Truth-based assessment) implementation in alignment with the Providence Regional Medical Center initiative of Highly Reliable Organization (Caring Reliably). This is a space for staff to voice their ideas and issues that affect the NICU, especially our patients and their families. Barriers: NICU staff and leadership team members' time commitment, Lack of knowledge of the new UPC structure and knowing its value to our customers, team members, and the organization's mission, Lack of knowledge how the learning board works, Lack of trust for consistency in follow-through, Lack of roles' definition and responsibilities & Sustainability.

Action Plan: Recruit team members and leaders to form the UPC team, Charter Development by the UPC team members and leaders, Staff meeting presentation and education regarding the new structure and process, Kick-off meeting, Learning board process and workflow development and visual presentation of a mock learning board.

Impact: Employee engagement and satisfaction- feeling empowered and voices are heard as reflected on the NDNQI and Caregiver Survey, Multiple projects and process improvements were initiated, implemented and accomplished. Some of the major accomplishments are primary care nursing, hybrid bedside reporting, peer assisted learning, discharge improvement and parent education packet revision, Transparency and visibility of current initiatives and metrics (goals) with data, Increased learning board ideas reviewed and completed every month, Parent advisors' participation in the UPC was initiated.

Objective: Learn and apply a Unit Practice Council structure and a process that would help empower the frontline staff members to take responsibility and ownership of their practice.

Biography

Celina Afenir is an inspirational and motivational Executive with a focus on a truth leadership approach. She has a proven record of success in strategic, organizational, operational and fiscal management of the children services, specializing in neonatal intensive care unit and pediatrics units for major healthcare organizations within the United States Pacific Southwest and Northwest (California, Arizona, Oregon and Washington States). She has a BSN, MBA in Healthcare Management and is currently pursuing a PhD in Performance Improvement Psychology at Grand Canyon University. She is currently the Director of Patient Care Services NICU, Loma Linda University Children's Hospital, California, USA.

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Thubi H A Kolobe

The University of Oklahoma Health Sciences Centre, USA

Robotic and sensor technology: Can we change brain development and functional outcomes in young children with brain insults?

Brain insults occurring pre-, peri-, post-natal or during early infancy have lasting negative impact on functional independence. Many of the neuromuscular problems, educational disparities and societal participation limitations seen in older children and adults can be traced back to infancy. The period of infancy is also associated with dramatic changes in development and high synaptic connections in the brain further compounding the complexity and neurological sequelae following early brain insults. On the other hand, neuroplasticity research suggests that this period also offers the best opportunity for introducing targeted interventions that are likely to optimize development. The challenge for neurologists and rehabilitation professionals worldwide has been in determining or developing interventions that are effective can be provided in the first year of life and can yield sustainable results (dosing).

Biography

Thubi H A Kolobe is the Jill Pitman Jones Professor of Physical Therapy in the Department of Rehabilitation Science at the University of Oklahoma Health Sciences Centre. She is a Co-Developer of the Test of Infant Motor Performance for preterm infants, a norm-referenced test that is used worldwide and has been translated into several languages. She has served as Chair of the Research Committee of the Section on Pediatrics, chaired a task force to develop a research agenda for the American Physical Therapy Association's Section on Pediatrics, served on a recent task force to revise the research agenda for the American Physical Therapy Association and has been appointed to serve on the Scientific Review Committee for the National Institute of Child Health and Human Development, National Institutes of Health. She has clinical experience in pediatrics and community-based interventions. She has completed her PhD in Pediatric Physical Therapy from Hahnemann University, Pennsylvania.

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Adel Harb

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Current challenges facing nursing education in Saudi Arabia

Introduction: Kingdom of Saudi Arabia is facing many health related challenges. It was on 1954 when Ministry of Health (MOH) has established nursing as a profession. Since the last 64 years, nursing has faced many obstacles, difficulties and challenges and there was a direct impact on the growth and development in nursing education. Unfortunately, these challenges facing nursing education in Saudi Arabia are increasingly complex and dynamic.

Aim: The main purpose of this paper is to highlight and discuss those challenges through structure, process, outcome model.

Methodology: Systematic review of the literature published between 1988 till 2018 were reviewed using different electronic database such as Cumulative Index to Nursing and Allied Health Literature (CINAHL), Pro Quest Central, Expanded Academic ASAP, Wiley Interscience (Wiley), MEDLINE (OVID) and SAGE. Databases were accessed using key words: Saudi Arabia, nursing, nursing education and challenges.

Results: There were 36 studies accessed and discussed these challenges but only 30 studies had studied the direct impact on clinical training and staff education. Challenges facing Nursing Educations in KSA were categorized on structure, process, outcome model. Structural challenges included shortage of staff and scope of nursing practice, process challenges included role of the clinical teachers, educational and teaching methods, specialized certification and communication while the outcome challenges included the assessment of staff competencies. Based on these challenges facing nursing education at clinical setting, the author had a list of recommendations to nursing leadership and educators to overcome and manage these challenges with some strategies to reflect on the present and plan strategically for the future.

Conclusion: Many challenges and gaps were cited in the literature that will provide ample opportunity for further studies and researches. As healthcare is one of the main focus areas of the ambitious Saudi Vision 2030 and due to the fact that Ministry of Health in Saudi Arabia has a plan for privatization and formulating health clusters, nursing leaders in nursing administration and education must overcome all these challenges facing nursing education in the hospital setting.

Biography

Graduated from Faculty of Nursing, University of Jordan 1993. Had worked as Cardiac Registered Nurse in Jordan. Completed master's degree in education from University of Jordan on 1998. Completed another master's degree in Critical Care from Ohio State University on 1999. Worked at Ministry of National Guards for Health Affairs (NGHA-Riyadh) on 2003 as Clinical Resource Nurse in Nursing Education till 2010. Then worked in NGHA (Madinah) as Supervisor for Safety and Quality till 2014. On 2014-2017 worked as Director of Nursing Education at Security Forces Hospital- Riyadh. On Jan 2018 has joined Nursing Education at King Fahad Specialist Hospital as Nursing Educator Manager Obtained Phd in Healthcare Administration on 2010 and worked as visiting Professor Assistant. Supervising all Saudi Nursing Students - Interns and graduates. Publications: one book "Cardiology for Registered Nurses", 15 Abstracts and Papers and 3 Researches.

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Salil Uppal

Uppal Neuro Hospital, India

Shared leadership: Creating a space for truth to empower, engage and strengthen relationships

Background & Aim: Headache is commonly associated with seizures as an inter-ictal, preictal, ictal or postictal phenomenon; it is often neglected because of the dramatic neurological manifestations of the seizure. A prospective study was designed to identify epidemiological association between headache and epilepsy and to evaluate the types and frequency of seizure-associated headaches in patients with epilepsy on anti-epileptics. The study aims to evaluate the type and frequency of headache in people with epilepsy and risk factors with special attention to the anatomic localization of the epileptogenic focus, seizure classification (focal versus generalized) while on antiepileptic drugs over a period of 3 months.

Method: Study was conducted at Outdoor Patient Department, Department of Neurology, Dayanand Medical College and Hospital, Ludhiana, India. Patients ≥ 17 years with a diagnosis of epilepsy more than two years on single antiepileptic agent with new onset headache, increase in frequency and severity of headache in epilepsy were taken. Headache data was analyzed according to IHS criteria, Epilepsy classified according to the 2010 (ILAE) commission report.

Result: 73 cases (29 female, males 44) on antiepileptic monotherapy were taken. Mean age was 26 years, median age at epilepsy onset was 15 years, median epilepsy duration was 8 years. Generalized epilepsy seen in 48 (66%), focal epilepsy 25 (33%). 23 (30%) reported headache, inter-IH in 15 (40%) and peri-IH occurred in 12 (50%) of these 5 (18.3%) had an associated inter-IH, 7 had headache related to the seizures, Carbamazepine, Levetiracetam, Valproate, Oxcarbamazepine, Lamictal was given to 17, 18, 29, 6, 2 patients of which 7, 5, 10, 21 had headache.

Biography

Salil Uppal is the Medical Director of Uppal Neuro Hospital in Amritsar, India. He is a Doctor of Medicine in Neurology. His area of interests is in stroke, epilepsy, neuro critical care and movement disorders. His research works include non-motor symptoms in Parkinson's disease, transcranial Doppler in acute ischemic stroke, epilepsy and migraine.

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Adel Harb

King Saud bin Abdulaziz University for Health Sciences, KSA

Developing charge nurses as front-line leaders through transformative learning

Introduction: Nurses at all levels must be prepared and developed to lead change to advance health care. Historically, in most healthcare institutes, nursing leadership development programs have focused on nurses in senior management or executive roles rather than those working in front line leadership roles. This article will describe a professional development initiative program attended by 169 charge nurses. The program has a comprehensive curriculum and road map for developing front line leaders and ensuring charge nurses are trained, mentored and supported in their roles. Program development, evaluation and lessons learned that can be applied in other organizations are discussed. Succession planning is a concern in healthcare organizations. When seeking to fill nurse manager Positions, nurse leaders often consider their charge nurses as excellent potential candidates (Sherman et al 2011). Managers and unit level leaders are keys to health organizational success (Thomas 2015). Both the complexity of healthcare delivery and the responsibility placed on charge nurses have also increased. Increasing patient's admission in the hospital requires front line leaders to understand their roles, responsibilities and accountabilities, thus they should be professionally developed to enhance their leadership and managerial knowledge and skills.

Background: Most of healthcare organizations believes that charge nurse is placed by default based on how long they had worked in the unit and who was on the schedule rather than as a result of deliberate planning and scheduling based on who was most prepared to lead the team, but it was found that there was a degree of bias and favoritism. Recently, the charge nurse role is considered as front-line leader and most of the hospitals had clearly stated their job descriptions and criteria that are but not limited to qualifications, experience, performance and communication skills. Furthermore, there are a few hospitals cited in the literature who are developing their charge nurses through a structured professional development plan.

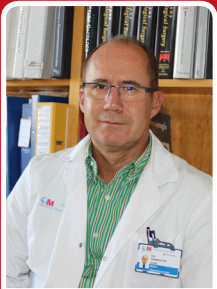
Biography

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Kita Sallabanda Diaz

Complutense University of Madrid, Spain

Combined treatment of spine tumors

Every year in the US 180,000 new cases are diagnosed and 20,000 of them with medullar compression. 5-14% of patients with cancer develop spine metastases, from them 33% bone, 4% leptomeningeal, 0.1-0.4% intramedullary. Of those with spinal metastases, 60% had breast, lung or prostate cancer. The treatment basically is based on surgery, radiotherapy combined treatment and radiosurgery. Until 1990 the first treatment was radiotherapy, later, surgery was practiced. Patchel trial demonstrated the superiority of surgery (Lancet 2005), Class I evidence. From then, NOMS and SINS criteria was considered. The development of technology in radiotherapy makes us to change the paradigm. Radiosurgery take a very important role in the treatment of spine tumors. The combined treatment is our first option, surgery + radiosurgery. The principal indication of spine radiosurgery as a primary treatment are residual tumors after surgery, recurrent tumors, multiple lesion, unfarmable localization, high risk for open surgery.

Biography

Kita Sallabanda Diaz is currently working as an Associate Professor at the Complutense University of Madrid, a Tutor for residents of the San Carlos Clinical Hospital in Madrid and is a Professor of the International Master's degree in Advanced Technological Applications in Radiation Oncology. He is also working at the Genesiscare Madrid-Arturo Soria, while he is an External Medical Consultant at the San Carlos University Clinical Hospital in Madrid. He is the current President of the Spanish Society of Radiosurgery and the Neuro-Oncology Committee of the Clinical Hospital of Madrid. His areas of expertise are mainly in cyber knife SRS, epilepsy, cognitive functions and brain metastases.

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